



ACT
Government

**Canberra Health
Services**

Release of Information to a Third Party for the purpose of complaint investigation

In order to protect patient and client confidentiality under the *Health Records (Privacy and Access) Act 1997*, Canberra Health Services cannot provide personal information about a patient/client to a third party without the permission of that individual. In some instances, the issue may not be of a clinical nature however, in responding to the circumstances of the complaint we may be required to divulge health information about the patient/client.

To allow us to investigate and respond to the complaint made on your behalf please provide details below:

Patient/Client details:

Name: _____ Date of Birth ____/____/____

Date/s of service: ____/____/____ to ____/____/____

Third party (person) nominated to make complaint on your behalf:

Name: _____ Relationship: _____

Address: _____

Phone: _____ or _____

I consent to my health record being examined by relevant Canberra Health Services staff for the purpose of investigating this complaint, and acknowledge that clinical details may be included in the response provided to my nominated third party. I acknowledge that the purpose of this release is to protect my confidentiality and that I am under no obligation to consent to my personal health information being released.

Signed: _____

(By Patient/ Client)

Signed: _____

(By Third Party)

Print Name: _____

Print Name: _____

Date: ____/____/____

Date: ____/____/____

Please return completed form to:

Canberra Health Services
Consumer Feedback and Engagement Team
PO Box 11 Woden ACT 2606
healthfeedback@act.gov.au